

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155478		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2011	
NAME OF PROVIDER OR SUPPLIER  WATERS OF JASPER				STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DRIVE JASPER, IN47546			
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F0000	<p>This visit was for the Investigation of Complaint IN00094653.</p> <p>Complaint IN00094653 - Substantiated, Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey date: September 6, 2011</p> <p>Facility number: 000314 Provider number: 155478 AIM number: 100274210</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 10 Medicaid: 38 Other: 14 Total: 62</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/07/11 by Suzanne</p>			F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>Williams, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who smoked were supervised, for 3 of 3 residents reviewed who smoked, in a sample of 3. Residents A, B, and C</p> <p>Findings include:</p> <p>1. On 9/6/11 at 9:35 A.M., during interview with LPN # 1, she indicated the facility had 2 residents who smoked. LPN # 1 indicated the residents smoked outside, and asked for their cigarettes and lighters when they wanted to smoke. LPN # 1 indicated there was not a set smoking schedule. LPN # 1 indicated she would try to "supervise unobtrusively" from the dining room window at times. LPN # 1 indicated Resident B was outside smoking at that time. LPN # 1 then went into the dining room and motioned out the window, where Resident B was observed smoking. No staff members were present. The dining room window was unable to be monitored from the nursing station, as it was in a separate area.</p> <p>The clinical record of Resident B was</p>			F0323	<p>It is the intent of this facility for all residents to be supervised during/while smoking and to return all residents safely back inside the facility. <b>A. ACTIONS TAKEN:</b> 1. In regards to Resident A, all residents will be supervised at all times during smoking times. 2. In regards to Resident B, all residents will be supervised at all times during smoking times. 3. In regards to Resident C, no longer resides at facility. <b>B. OTHERS IDENTIFIED:</b> 1. 100% audit will be completed of all residents' who smoke for safety and safety awareness. <b>C. MEASURES TAKEN:</b> 1. All staff were in-serviced on accidents/hazards, resident safety; monitoring of all interventions for effectiveness; no resident is to smoke unsupervised. 2. Meeting was held with all residents who smoke in regards to safety, tracking of cigarettes, lack of cigarettes, and returning residents safely to the facility. Discussed change to all residents supervised during smoking times; residents agreed. 3. SSD will complete smoking safety assessments for all current residents who smoke, all new admissions who smoke, and will</p>		09/16/2011

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	<p>reviewed on 9/6/11 at 10:00 A.M.</p> <p>Diagnoses included, but were not limited to, psychotic disorder, anxiety, neuropathy, and front temporal dementia.</p> <p>A "Smoking Safety Assessment," dated 3/10/11, indicated, "...Does the resident have a physical condition that would impair his/her ability to smoke? Yes, Neuropathy...Has information been entered on the careplan? [Left blank]...Does the Resident voice understanding of the smoking policy to include securing of smoking materials? Yes. Recommendations: Supervised Smoking."</p> <p>A Resident Care Plan regarding smoking safety was not found in the clinical record.</p> <p>A Behavioral Health Progress Note, dated 7/12/11, indicated, "...Judgment/Insight: Fair, Memory Fair...."</p> <p>On 9/6/11 at 11:30 A.M., during interview with the Social Services Director [SSD] and the Director of Nursing [DON], the SSD indicated she did the Smoking Assessments upon admission and quarterly and as needed. The SSD indicated she, or whoever did the assessment, determined if the resident required supervision while smoking. The SSD indicated Resident B should have</p>				<p>then complete, at a quarterly minimum, safety assessments on all residents who smoke.4. CEO/Designee will assign daily a Staff/Volunteer to supervise during smoking times to ensure resident safety while smoking and to ensure all residents are safely returned inside the facility. <b>D. HOW MONITORED:</b> 1. The IDT will audit during QA rounds to ensure no resident smokes unsupervised. This will be an on-going QA process.2. The CEO/Designee will review these audits in the daily QA stand-up meeting; and quarterly in the QA meeting with the Medical Director. <b>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: 9/16/11.</b></p>		

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	<p>had a new assessment because she smoked independently. The SSD indicated the resident should have had a care plan addressing her smoking.</p> <p>On 9/6/11 at 11:50 A.M., the DON provided a smoking assessment for Resident B, dated 4/26/11, and completed by a nurse. This assessment indicated, "Recommendations: Smoke unattended." The DON indicated a staff member must have unintentionally put the assessment in the "overflow" file.</p> <p>On 9/6/11 at 11:55 A.M., during interview with the SSD, she indicated smoking assessments are not always done quarterly, but done upon admission or quarterly if a change in condition.</p> <p>On 9/6/11 at 12:45 P.M., the SSD produced a copy of a care plan, dated 10/10. The SSD indicated the former SSD had the copy, but she was unsure where it was found. The care plan indicated a problem of "Smoking, Potential for injury." The Interventions included: "Res. [resident] to be supervised by staff when smoking."</p> <p>2. The clinical record of Resident A was reviewed on 9/6/11 at 9:45 A.M. Diagnoses included, but were not limited to, depression, anxiety, CVA</p>						

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	<p>(cerebrovascular accident-stroke) and weakness.</p> <p>A Care Plan, dated 6/10, indicated a problem of "Smoking, Potential for Injury." The Interventions included: "...Instruct resident about the facility policy on smoking hours, location, safety concerns, Observe skin et [and] clothing for signs of cigarette burns...Res [resident] will sign out cigarettes at nurses desk."</p> <p>Nurses Notes, dated 7/1/11 at 7:00 A.M., indicated, "...Pt [patient] alert et usually oriented is sl. forgetful et paranoid about cigarettes, thinks others smoke them...Transfers [with] assist of 2. Lt [left] side flaccid...."</p> <p>A "Smoking Safety Assessment," dated 7/23/11 and completed by a nurse, indicated, "...Does the resident have a physical condition that would impair his/her ability to smoke? Yes, paralysis [sic] of left [upper and lower] extremities from CVA...Does the Resident voice understanding of the smoking policy..." Yes. Recommendations: Smoke unattended."</p> <p>A Minimum Data Set [MDS] assessment, dated 7/29/11, indicated the resident required extensive assistance of two+ staff</p>						

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	<p>for bed mobility and transfer, and did not ambulate. The MDS assessment indicated the resident required total dependence of one person for locomotion on and off of the unit.</p> <p>On 9/6/11 at 10:30 A.M., Resident A was observed sitting in her wheelchair in her room. Resident A indicated she was unsure how long she had lived at the facility. Resident A indicated facility staff had told her that morning that she could not smoke without being supervised. Resident A indicated she had always been able to smoke unsupervised previously.</p> <p>On 9/6/11 at 11:30 A.M., during interview with the SSD, she indicated the facility's smoking policy was to soon be changed, and that residents who smoked were going to be supervised, so that is why Resident A was told that morning that she would need supervision.</p> <p>3. The closed clinical record of Resident C was reviewed on 9/6/11 at 10:45 A.M. The resident was admitted to the facility on 8/1/11, with diagnoses including, but not limited to, general weakness, difficulty walking, and unable to care for self.</p> <p>A "Physician Certification for Long-Term Care Services," dated 8/1/11, indicated,</p>						

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FORM APPROVED

OMB NO. 0938-0391

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	<p>"...Bedfast, Incontinent (bowel)...Dependent for all ADL's [activities of daily living]...."</p> <p>A Physician's statement, dated 8/1/11, indicated, "Pt [patient] unable to safely care for himself @ home."</p> <p>An admission note, dated 8/1/11 at 7:30 P.M., indicated, "...Resident is currently on front porch smoking [with] family present...."</p> <p>A Nurses Note, dated 8/1/11 at 7:30 P.M., indicated, "...Res is A/O [alert and oriented]...[with] occasional forgetfulness...."</p> <p>A Smoking Safety Assessment, dated 8/1/11 and completed by the DON, indicated, "...Is the Resident alert and oriented? Yes, Does the resident have a physical condition that would impair his/her ability to smoke? No...Does the Resident voice understanding of the smoking policy...? Yes. Recommendations: Smoke unattended."</p> <p>On 9/6/11 at 11:30 A.M., during interview with the DON, she indicated she thought the resident did not appear confused, and that his lower body was weaker than his upper body, and that is why she thought he could smoke unattended.</p>						

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	<p>4. On 9/6/11 at 9:45 A.M., the DON provided the current facility, "Resident Smoking Policy," undated. The policy included: "All residents will be educated on the smoking policy upon admission and annually thereafter...The designated smoking areas in the facility are: Front Porch area, Courtyard area on Alzheimer's Unit...Residents of the facility will be educated on the importance of extinguishing smoking materials in an appropriate container. Staff will monitor residents who smoke through the day to ensure adherence to the smoking policy and safety...."</p> <p>This federal tag relates to Complaint IN00094653.</p> <p>3.1-45(a)(2)</p>						